



APPLICATION AND ENROLMENT FORM

Ref:

1

Surname/family name:

Other names:

Date of birth:
Day Month Year

Nationality:

Please include two passport-sized photographs

2

Address in London:

Address in your country:

Date of birth:

Nationality:

Tel no:

Mobile no:

3

I wish to start my course on:
Day Month Year

I wish to study: weeks
how many?

Preferred time of study:

9.30-12.30	12.30-3.30	3.30-6.30
<input type="text"/>	<input type="text"/>	<input type="text"/>
9.30-12.30	12.30-3.30	3.30-6.30
<input type="text"/>	<input type="text"/>	<input type="text"/>

Which programme would you like:

	Mon	Tue	Wed	Thurs	Fri
2 hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Office use only:

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4

Payment

I am sending the full payment for:

I am sending deposit only:

Course £

Airport/Station transfer £

Accommodation payment £
 (No of weeks x at £x per week)

£250

Payment by:

Cash (in person only):

Bank transfer:
 (Proof of purchase must be enclosed)

Barclays Bank, Hammersmith branch, P.O. Box 738, London W6 9HY
 Speakeasy (School) Ltd
 Account: 80156469 Sort code: 20-35-93

Credit card

Card type:

Please debit credit card no:

Name as on credit card:

Expiry date:

day month year

If you are using somebody else's card, please give the cardholder's address and signature:

5

I have read, understood and agreed to the terms and conditions set by Speakeasy School of English as being legally binding on my part:

Signature:

Date:

day month year

Your completed enrolment form should be sent to:
 Speakeasy School of English
 24 Chiswick High Road
 London W4 1TE
 UK